

**Unclaimed Property Program**

P.O. Box 150 ♦ Honolulu, HI 96810

**Office location:**

250 S. Hotel Street ♦ Room 304

Honolulu, HI 96813

(808) 586-1589

**Holder Report Cover Sheet ♦ Affidavit of Due Diligence****♦ All Holders Except Life Insurers**

Reporting Period July 1 through June 30

**♦ Life Insurance Companies**

Reporting Period January 1 through December 31

**This transmittal must accompany all holder reports.****HOLDER CODE:****For Official Use ONLY**

TDR Date:

Amount \$:

Shares:

Import #:

Input Initials:

**COMPLETE FORM: PRINT OR TYPE ♦ NOTARIZE**

REPORT YEAR:

**General Information**

Holder Name:		Federal Identification Number:	
Mailing Address:		State of Incorporation:	
City:	State:	Date of Incorporation:	
Zipcode:			
Name of contact person or department designated to respond to unclaimed property inquiries:			
Name:		Telephone number:	ext:
E-mail address:			

Did your company file an unclaimed property report last year with Hawaii? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "YES", and you <u>filed under a different name</u> , address or Federal ID#, complete the information below:			
Previous Holder Name:		Federal Identification Number:	
Mailing Address:		State of Incorporation:	
City:	State:	Date of Incorporation:	
Zipcode:			

**Reporting Requirements**

This report includes interest-bearing properties. YES <input type="checkbox"/> NO <input type="checkbox"/>	Report Total \$
♦ Remittance payable to: <b>Director of Finance, State of Hawaii</b>	Total Remittance \$
	Total Shares

**VERIFICATION AND AFFIDAVIT:** The undersigned, \_\_\_\_\_, declares, under penalty of perjury, that, to the best of (his/her) knowledge, the foregoing report and supporting records, contain a full, true and complete report of unclaimed property now in the possession or under the control of the holder, which is presumed abandoned in accordance with the provisions of the Hawaii Revised Statutes Chapter 523A. Note: *\*Interest-bearing properties are clearly denoted.*

**I have attempted to contact property owners at their last known address by mail not more than six months before filing the report.**  
**I am duly authorized to attest to this.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Stamp

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

**Notarized Signature Required**